

II. WASTEWATER CHARACTERIZATION, TREATMENT AND DISPOSAL

A. DESCRIPTION OF MUNICIPAL ACTIVITY (see instructions)

1. Treatment Facility Description - Provide a brief description of the wastewater treatment facility.

2. Change in Operations

a. Since the issuance of your current WPDES permit, have any changes in the operations of the facility or modifications of the facility's wastewater treatment system affected either the quantity or quality of the discharges from the facility?

☐ No. (continue to b)

☐ Yes. If yes, attach a brief summary of the changes and modifications, and continue to b.

b. In the next five years, do you intend to expand or change the operations of the facility or modify the wastewater treatment system to an extent that the quantity or quality of the discharge will be affected?

☐ No. (continue to 3)

☐ Yes. If yes, attach a brief summary of the planned changes.

3. Design Flows - Specify the wastewater treatment system's design flows in million gallons per day (MGD). Indicate whether each design flow was obtained from an approved Facility Plan or if it was determined using the Design Flow Worksheet. If from a Facility Plan, indicate the date of the plan. If from the Design Flow Worksheet, submit it along with the application.

Maximum Day Design Flow

☐ Facility plan (date _____)

☐ Design Flow Worksheet

Maximum Week Design Flow

☐ Facility plan (date _____)

☐ Design Flow Worksheet

Maximum Month Design Flow

☐ Facility plan (date _____)

☐ Design Flow Worksheet

Average Design Flow

☐ Facility plan (date _____)

☐ Design Flow Worksheet

4. Influent Flow Monitoring and Sampling

Influent Flow Monitoring Type & Age

Influent Flow Monitoring Location

Influent Sampling Type

Influent Sampling Location

5. Service Area Information

- a. List all governmental jurisdictions or private developments served by the treatment works (cities, villages, towns or sanitary districts), who own sewers in each of those entities and the approximate population of each entity.

Entity Name	Who Owns Sewers	Approximate Population Served
_____	_____	_____
_____	_____	_____
_____	_____	_____

- b. List sources of water supply serving the sewered service area (include any water supplies serving industrial contributors not connected to the municipal supply where it is located). Indicate approximate average flows and any chemical treatment (other than chlorine or fluoride) for each water supply.

<u>Source Name</u>	<u>Flow (avg. in MGD)</u>	<u>Chemical Treatment</u>
_____	_____	_____
_____	_____	_____

6. Have there been any collection system overflow or treatment plant bypass events in the last 5 years?

_____ No If no, continue to next question.

_____ Yes If yes, were the details of these incidences reported to the Department?

_____ Yes If yes, continue to the next question.

_____ No If no, provide detailed descriptions of the problems. Attach additional sheets if necessary.

7. Contributors of Non-domestic Wastewater

- a. Pretreatment Program – Does the treatment works have, or is it subject to, an approved pretreatment program (flow greater than 5 MGD)?

_____ Yes. Date of program approval: _____ Also, record the number of industrial users of the following types:

Categorical Industrial Users

Record the number of categorical industrial users that contribute wastewater to the treatment works: _____

Other significant Industrial Users

Record the number of other significant industrial users that contribute wastewater to the treatment works: _____

_____ No. Name industrial users of the following types:

Categorical Industrial Users

Name any categorical industrial user(s) (see list of categorical industries in instructions) that contributes wastewater, other than sanitary wastewater, to the treatment works:

Other Significant Industrial Users

Name any industrial user(s) that is not a categorical user but has been previously designated as a Significant Industrial User or contributes; 1) an average of 25,000 gallons per day or more of wastewater, excluding sanitary wastewater, noncontact cooling water and boiler blowdown or 2) a process waste stream that makes up 5% or more of the average dry weather hydraulic or organic capacity of the treatment plant:

- b. Potentially Toxic Discharges – Name any industrial user(s) not included above that contributes wastewater from food processing, dairy operations (including condensate of whey), can cooling, meat packing or fish hatchery operation:

- c. Wastes From Other Activities – Name other entities that contribute wastewater from any of the following activities:

Groundwater Remediation or Other Remedial Cleanup _____

Discharges from Hazardous Waste Generators _____

- d. **Total Number of Non-domestic Contributors recorded above:** _____

- e. Detailed Contributor Information - For each of the non-domestic contributors named in parts of question 7, please provide the information requested on the attached Detailed Non-Domestic Contributor Information Form. *(If you operate a pretreatment program, you only need to provide this information for contributors named in parts b. and c.)*

8. Hauled Wastes (check all wastes accepted)

<u>Sources</u>	<u>Monthly Average Amount (gallons)</u>
<input type="checkbox"/> Domestic holding tank wastes	_____
<input type="checkbox"/> Septic tank waste	_____
<input type="checkbox"/> Grease trap/interceptor waste	_____
<input type="checkbox"/> Commercial Septage	_____
<input type="checkbox"/> Landfill leachate	_____
<input type="checkbox"/> Other	_____

9. Schematic Diagram of Treatment System - Attach a schematic diagram of your wastewater treatment system. Show all sample locations and treatment units and processes including any chemical addition or treatment. Also show plant recycle lines and sludge draw off points.

DETAILED NON-DOMESTIC CONTRIBUTOR INFORMATION FORM

(Use a separate copy of this form for each non-domestic user)

For each of the non-domestic contributors named in parts of question 7, please provide the following information:

1. Name and mailing address _____															
2. How wastewater is transported to the POTW (directly piped, trucked or other method) <input type="checkbox"/> Piped <input type="checkbox"/> Trucked <input type="checkbox"/> Other (describe below) _____															
3. Describe all industrial processes or activities, including raw materials and products that affect or contribute to the discharge. Indicate the range of flow and whether wastewater flows or pollutant loadings are constant or variable. <table border="1"><thead><tr><th><u>Industrial Process or Activity</u></th><th><u>Raw Materials/Products</u></th><th><u>Flow Range</u></th><th><u>Constant or Variable</u></th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>				<u>Industrial Process or Activity</u>	<u>Raw Materials/Products</u>	<u>Flow Range</u>	<u>Constant or Variable</u>	_____	_____	_____	_____	_____	_____	_____	_____
<u>Industrial Process or Activity</u>	<u>Raw Materials/Products</u>	<u>Flow Range</u>	<u>Constant or Variable</u>												
_____	_____	_____	_____												
_____	_____	_____	_____												
4. Record the average daily volume of the wastewater discharged and indicate the percentage which attributes to the process flow and the percentage which attributes to non-process flow. Average Daily Volume _____ Process Flow Percent _____ Non-process Flow Percent _____															
5. What is the extent of treatment, if any, that the wastewater receives prior to entering the POTW? _____ _____															
6. Is the contributor subject to categorical pretreatment standards? If so, under which category(ies) and sub-category(ies) (if known) (see list of categorical industries in the instructions) _____															
7. Is the contributor subject to local pretreatment limits? <input type="checkbox"/> Yes <input type="checkbox"/> No															
8. Identify any toxic or hazardous constituents (if known) _____															
9. Have any problems at the POTW (for example, upsets, pass through, sludge contamination or interference) been caused by this contributor in the last 5 years? _____															

INSTRUCTIONS

Section A. Description of Municipal Activity

Item 1. Treatment Facility Description - Provide a brief description of the wastewater treatment facility. Include the treatment type, identify all treatment units and list all treatment chemicals.

Item 2. Change in Operations – Examples of operational changes that could affect discharge quality and/or quantity include changes in activated sludge mode (plug flow versus contact stabilization versus extended aeration) and changes in treatment chemicals. Examples of treatment system modifications that could affect discharge quality are increasing the hydraulic capacity of treatment units, the addition or deletion of physical, chemical and biological treatment units including sludge treatment processes (for example, flocculation), sedimentation, biological oxidation (for example, activated sludge), chlorination and dechlorination, filtration, carbon adsorption, heat treatment, etc.).

If changes have occurred or will occur, describe on a separate sheet of paper the changes and indicate how the quantity and/or quality of the facility's discharge has been affected or is anticipated to be affected.

Item 3. Design Flows - Where an approved facilities plan has evaluated design flows, values from the facilities plan should be used. If design flows are not available from an approved facilities plan or if only some of the requested flow values are provided, the "Work Sheet for Estimating Maximum Design Flows for Municipal WWTPs" may be used. If you need the work sheet but one was not provided in this application package, contact the permit drafter who is identified in the cover letter that accompanied the application package

The following definitions are appropriate for facilities that discharge for 24 hours per day on a year-round basis:

Maximum Day Design Flow - The maximum effluent flow, expressed as volume per day that is anticipated to occur for 24 continuous hours during the design life of the treatment facility.

Maximum Week Design Flow - The maximum effluent flow, expressed as volume per day that is anticipated to occur for 7 continuous days during the design life of the treatment facility.

Maximum Month Design Flow - The maximum effluent flow, expressed as volume per day that is anticipated to occur for 30 continuous days during the design life of the treatment facility.

Average Design Flow - The maximum effluent flow, expressed as volume per day, that is anticipated to occur for 12 continuous months during the design life of the treatment facility unless it is demonstrated to the department that such a design flow rate is not representative of projected flows at the facility.

For facilities with seasonal discharges, discharges proportional to stream flow, sequencing batch reactors, or other unusual situations, the effluent design flows shall be determined on a case by case basis. For help, contact the permit drafter who is identified in the cover letter that accompanied the application package.

Item 4. Influent Flow Monitoring - Identify the flow monitoring type as a "V" notch weir, Parshall flume, magnetic flow meter, etc. and provide its age and location. Identify the sampling type as 24-hr composite (flow proportional), composite, grab, etc. and provide the locations of all composites and grab sampling.

Item 5. Service Area Information

a. If this is a publicly owned treatment works, list the governmental jurisdictions (cities, villages, towns or sanitary districts) served. If this is a privately owned treatment works, describe the development (mobile home park, nursing home, industrial facility) served. Provide an estimate of the population served in each jurisdiction or development.

b. Please describe the water supplies providing source water to the treatment works. These might be municipal wells, private wells or surface water intakes or other. Each municipal well in a given governmental jurisdiction need not be listed separately (simply indicate the municipality's name followed by the word "well" or "wells"). Please indicate approximate average flow for each water supply. If the water supply receives chemical treatment,

other than chlorine or fluoride treatment, please describe. For example, caustic soda for corrosion control, polyphosphates for iron sequestering, alum for settling during surface water supply treatment, iron removal, ion-exchange, lime softening, etc.

Item 6. Wastewater Bypassing or Overflows - Indicate if there have been any bypassing or overflow events since you last applied for a permit. Reportable events include instances of raw wastewater overflowing manholes or pumping stations (even if at the treatment plant), temporary pumping of raw wastewater from manholes or pumping stations, leakage from broken or plugged sewers or force mains, or other discharge of untreated wastewater directly to surface waters or the ground surface. If you answer yes, indicate if you provided proper notification and detailed reporting to the Department on such events as required in your permit's Standard Requirements or Standard Conditions Section. If you did not previously provide that notification or reporting to the Department, provide detailed descriptions of the problems. Attach additional sheets if necessary.

Item 7. Contributors of Non-domestic Wastewater

a. Pretreatment program - Answer yes or no. Generally, any POTW with a design flow greater than 5 million gallons per day (MGD) is required to operate a pretreatment program. If the treatment works has pretreatment program, indicate the date of program approval. For further information, see chapter NR 211, Wisconsin Administrative Code.

Categorical industrial users - If your POTW operates a pretreatment program, you have already submitted information to the Department on categorical industrial users. In that case, simply record the number of categorical users contributing wastewater to your system.

If your POTW does not operate a pretreatment program, please name industrial users that contribute wastewater, other than sanitary wastewater, that fit any of the categories listed below. Sanitary wastewater is wastewater from bathroom toilets, sinks, tubs or showers, kitchens or residential laundries.

The classification of an industry as a categorical industry allows some prediction of the types of pollutants that may be discharged or emitted from that facility. Please use your best judgment, based on what you know about the processes used, to place each industry into one of the following categories. If no category seems to fit, name the industry in parts c., d. or e. and describe the industry using the Detailed Contributor Information Form.

List of Categorical Industries

Aluminum Forming	Asbestos Manufacturing
Battery Manufacturing	Builders Paper and Board Mills
Carbon Black Manufacturing	Centralized Waste Treatment
Coil Coating	Copper Forming
Industrial Waster Combustors	Electrical and Electrical Components
Electroplating	Feedlots
Ferroalloy Manufacturing	Fertilizer Manufacturing
Glass Manufacturing	Grain Mills Manufacturing
Ink Formulating	Inorganic Chemicals
Iron and Steel Manufacturing	Leather Tanning Manufacturing
Landfills	Metal Finishing
Metal Molding and Casting	Nonferrous Metals Forming and Metal Powders
Nonferrous Metals Manufacturing	Organic Chemicals, Plastics and Synthetic Fibers
Paint Formulating	Paving and Roofing
Pesticide Manufacturing	Petroleum Refining
Pharmaceutical Manufacturing	Porcelain Enameling
Pulp, Paper and Paperboard	Rubber Manufacturing
Soap and Detergents Manufacturing	Steam Electric Power Generating
Sugar Processing	Textile Mills
Timber Products Manufacturing	Transportation Equipment Cleaning

Other significant industrial users - Please name any other industrial contributor that may not fit into one of the above categories but that meets the definition of Significant Industrial Contributor. Section NR 211.03(19M),

Wisconsin Administrative Code defines Significant Industrial Contributor and includes in that definition an industrial user that: 1) "discharges an average of 25,000gallons per day or more of wastewater to the POTW, excluding sanitary, noncontact cooling and boiler blowdown wastewater" or 2) "discharges to the POTW a process waste stream which makes up 5% or more of the average dry weather hydraulic or organic capacity of the POTW treatment plant.

b. Potentially toxic discharges - Name any industrial discharge fitting these descriptions given. Although they do not automatically fit the categorical or significant industrial contributor definitions, these industries have a history of producing whole effluent toxicity (WET) test failures.

c. Wastes from other activities - Name any entity discharging wastewater from any of the activities listed. Wastewaters from these sources have the potential to contain toxic or hazardous substances.

d. Total Number of Non-domestic Contributors - Total the number of contributors recorded or named in parts b through e. The Department uses this information as a basis for determining whole effluent toxicity (WET) monitoring requirements.

e. Detailed Contributor Information - Please fill out the attached Detailed Non-domestic Contributor Form for each contributor.

Item 8. Hauled Wastes - Indicate which of the listed wastes are accepted at this facility and identify the amount of each waste as a monthly or yearly total.

Item 9. Schematic Diagram of Treatment System - Attach a line drawing showing the water flow through the facility. Include all sample points, plant recycle lines and sludge draw off points.

DETAILED NON-DOMESTIC CONTRIBUTOR FORM

Provide the information requested as completely as possible. If you don't have this information readily available, we recommend you survey industrial, commercial and other non-domestic contributors to your sewer system. Be sure to clearly instruct anyone completing a survey that, if the discharge consists solely of sanitary wastewater, a verified statement to that effect constitutes a sufficient response.

Please complete a separate one-page form for each contributor. If you have multiple contributors you will need to make one or more copies.

If you operate a pretreatment program, you do not need to provide this information again for facilities classified as categorical or significant industrial contributors. The Department has this information as part of pretreatment program files. You still need to provide this information for entities named in parts b. and c.